

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH			
DIVISION OF VITAL STATISTICS			
(This return should preferably be made by the person who made the original)		SUPPLEMENTARY REPORT OF BIRTH	
Place of Birth <u>Miami</u>		County <u>GILA</u>	No. <u>179</u>
(Registration District)		St.	
SEX OF CHILD*	Twin Triplet or other	{ and { Number in order of birth	
<u>MALE</u>			
DATE OF BIRTH*	<u>June 30, 1929</u>		
	nth (Day) (Year)		
FULL NAME	<u>Pio</u>	FATHER	<u>ADALBERTO ABRIL</u>
		MOTHER	<u>Levina Lariva</u>
FULL MAIDEN NAME	<u>LEONIL</u>		
*These items to be certified by the local registrar before giving out this form.			
Blank supplemental report of birth may be obtained from the local registrar.			
10M 10-1-43-S.P.Co.			

113-630-331